

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G25970

FILED  
Apr 22, 2004  
Secretary of State

Entity Name: HARDWARE IMAGINATION, INC.

## Current Principal Place of Business:

4300 NW 37 AVE  
MIAMI, FL 33142 US

## New Principal Place of Business:

## Current Mailing Address:

4300 NW 37 AVE  
MIAMI, FL 33142 US

## New Mailing Address:

FEI Number: 59-2267227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAMES ROYE  
4300 NW 37TH AVE  
MIAMI, FL 33142 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FULOP, BELA  
Address: 4300 SW 37 AVENUE  
City-St-Zip: MIAMI, FL 33142

Title: S ( ) Delete  
Name: JOHN DAVIS,  
Address: 3057 S W CEDAR TRAIL  
City-St-Zip: PALM CITY, FL 34990

Title: V ( ) Delete  
Name: PEREZ, LUIS  
Address: 4514 SW 134 CT  
City-St-Zip: MIAMI, FL 33175

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BELA FULOP

PD

04/22/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date